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<b>FAX TRANSMISSION</b>	
DATE: August 16, 2007	
PTO IDENTIFIER: Application Number 09/527,767	
Inventor: Wolfgang Kreiss	
<b>MESSAGE TO: US Patent and Trademark Office, MAIL STOP AF</b>	
FAX NUMBER: (571) 273-8300	
FROM: EDWARDS ANGELL PALMER & DODGE LLP	
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Attorney Dkt. #: LeA33072 [67012(54716)]	
PAGES (including Cover Sheet): 3	
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Petition for 4 month extension of time (1 page) Certificate of Transmission (1 page) Facsimile Cover Sheet (1 page)	
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Application No. (if known): 09/527,767 Attorney Docket No.: LEA 33072 (67012)(94716)

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<b>PTO Form 273 (Rev. 10-2003)</b>	
<b>Application Number</b> 09527,767 <b>Filed</b> March 17, 2009	
<b>For DIFFUSION-CONTROLLING SENSOR LAYER</b>	
<b>Art Unit</b> 1641	<b>Examiner</b> M. C. Yang
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
The requested extension and fee are as follows (check the time period desired and enter the appropriate fee below):	
<input type="checkbox"/> One month (37 CFR 1.17(e)(1))	<b>Fee</b> <b>Small Entity Fee</b>
<input type="checkbox"/> Two months (37 CFR 1.17(e)(2))	\$120 \$60
<input type="checkbox"/> Three months (37 CFR 1.17(e)(3))	\$450 \$225
<input type="checkbox"/> Four months (37 CFR 1.17(e)(4))	\$1020 \$510
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(e)(5))	\$1590 \$795
	\$2160 \$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	
<input type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet.	
I am the <input type="checkbox"/> applicant/mentor.	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.	
<input type="checkbox"/> Statement Under 37 CFR 3.73(b) is enclosed. (Form PTO/SB086).	
<input type="checkbox"/> attorney or agent of record. Registration Number _____	
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.	
Registration number if acting under 37 CFR 1.34 _____ 31,018	
Signature <u>William F. Gray</u> Date <u>August 16, 2007</u>	
Typed or printed name <u>William F. Gray, Ph.D., Esq.</u> Telephone Number <u>(203) 812-2712</u>	
NOTE: Signature of all inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. See below.	
<input type="checkbox"/> Total of _____ forms are submitted.	

By: [Signature]  
Michael J. Hollick  
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